



**WEST VIRGINIA OFFICE OF
DRUG CONTROL POLICY**
WV Department of Health & Human Resources

Meeting Minutes

Pregnant and Parenting Women Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment

October 25, 2023, Approved

Attendees:

Sandy Cline (partial attendance), David Didden, Stefan Maxwell (chair), Cody Smith, Randy Venable, Amy Tolliver

Opening:

Dr. Stefan Maxwell (chair) provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment, Pregnant and Parenting Women Subcommittee. The meeting was called to order on Tuesday, October 25, 2023 and was conducted by Zoom conference. A quorum was not present to approve previous meeting minutes, and they were tabled for the next subcommittee meeting. The purpose of the meeting was to review 2023 Quarter 3 KPI progress and discuss the top three priority areas for the 2024 State Plan.

Agenda:

Quarter 3 KPI Progress

Goal 1

- Strategy 1: The PRSI task force convened under the Perinatal Partnership to provide updated information on the status of these forms. Approximately 60% of the forms have been completed. Dr. Didden initiated inquiries to assess providers who had not filled out and returned the PRSI, pinpointing where bottlenecks were occurring. He pointed out that if robust data on prenatal exposure is required, the PRSI is not the suitable source. The Office of Maternal and Child Health (OMCH) will analyze various metrics within the PRSI to identify high-risk pregnancies and convey this information to providers as part of quality improvement measures. A senior nurse will lead this initiative. Dr. Didden also consulted with Dr. Christiansen regarding the necessary legislative actions to ensure the completion of these forms. They will engage with senior bureau staff to craft a message conducive to the legislative process. Furthermore, certain legal aspects and state supreme court rulings dictate that the use of illicit substances during pregnancy constitutes de facto child abuse, leading to a mandated report to the Bureau for Social and Child Services, a measure upheld by the supreme court. However, there is no specific response or plan of safe care to provide treatment for those marked with this status. Dr. Didden recently discovered funding from the CDC is available for long-term surveillance of infants exposed to conditions related to substance use. The focus should be on assisting DDS colleagues in offering appropriate care that supports these individuals rather than punishing them. Dr. Maxwell encouraged subcommittee members to draft legislative code suggestions for their upcoming meeting with Dr. Christiansen. Dr. Didden will arrange this meeting with Dr. Christiansen and invite subcommittee members for the next month's session.
- Amy mentions her involvement in advocating for the legislation that introduced the PRSI form

initially. She emphasizes that for enforcing the completion of the PRSI, there should be a tool to collect pregnancy risk data, which can be used for policy development and as a referral for necessary services. However, this tool has not been utilized for either purpose since the first year or two of its implementation. Amy also notes that the Partnership aimed to calculate the number of pregnancies involving substance exposure and create a screening tool that ensures the protection of sensitive information to encourage pregnant women to seek treatment. The intended uniform tool accepted by all insurers was not developed as planned, and not every MCO has implemented reimbursement for these tools. She further highlights the absence of a concerted educational effort to inform physician practices about the importance of PRSI completion and providing them with data to help identify high-risk pregnancies. These aspects should be taken into account.

- Amy mentions that the Partnership has been involved in cases brought before the supreme court. Her understanding is that if a baby tests positive at birth, it is considered child abuse and neglect, making it reportable. However, if an individual uses substances throughout pregnancy without necessarily testing positive, it may not be reportable. Any move to identify such individuals using substances during pregnancy and mandating reporting could be harmful, and she calls for more dialogue on this matter.
- Strategy 1, KPI 3: Dr. Maxwell indicates that he can compose an issue brief to raise awareness about infants exposed to alcohol. He plans to discuss Fetal Alcohol Syndrome (FAS) and distribute the brief.
- Strategy 1, KPI 4: Dr. Maxwell, Dr. Smith, and Candace have collaborated on a webinar designed for statewide providers. This webinar will explain the coding requirements for completing the birth score form at discharge. Dr. Maxwell notes that in 2017, the transition from ICD-9 to ICD-10 codes for substance exposure during pregnancy occurred, but ICD-10 does not include codes for narcotics exposure. It took a year and a half to create codes for different substance exposures. The codes for different substances have been used to collect information upon discharge, but the coding clinic has introduced Z-codes to be used when a baby is suspected to be affected by substance use. This change will replace the exposure codes documented in the chart with a Z-code. Dr. Smith is willing to contact Mark in the billing department to seek more information on this.
- Strategy 2, KPI 2: Carly has shared maps that depict the overlap between WVARR certified recovery housing and DFMB sites throughout the state. These maps will be finalized and shared with subcommittee members by the end of the week to gather their recommendations.

Town Hall Meetings and Looking Ahead to 2024

- At the four town hall meetings, we had participation from 27 different counties in West Virginia.
- Dr. Maxwell emphasized the need to prioritize comprehensive services for women and children that can effectively prevent repeated offenses and reduce infant morbidity and mortality.
- Another priority objective is to educate healthcare providers about the significance of PRSI forms and emphasize that their purpose is not punitive.
- Dr. Smith mentioned that Brad Paisley recently launched a campaign addressing the opioid epidemic in West Virginia, which can serve as an inspiration to promote the subcommittee's initiatives in a similar manner. You can watch the campaign here:
<https://www.youtube.com/watch?v=CNHzXGTpSnc>.

Next Steps:

- Dr. Didden is set to schedule a meeting with Dr. Christiansen to discuss legislative code related to the PRSI.
- Dr. Smith and Dr. Maxwell will contact their relevant contacts to address the billing situations involving the assignment of Z-codes for exposures.
- Carly will distribute the finalized recovery housing maps to the subcommittee.

Adjournment:

With no additional discussion, Dr. Stefan Maxwell closed the meeting by thanking all subcommittee members for their attendance. The subcommittee will meet again in November.